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ABSTRACT

Based on the assumption that differences in personal meaning and in the social significance of loss predispose widows and divorced individuals to different, specific vulnerabilities during grieving, 410 separated, divorced, and widowed women, aged 23 to 76 years, with at least one child, completed the Multiple Affect Adjective Checklist, the Revised UCLA Loneliness Scale, the Coopersmith Self-Esteem Inventory--Form C, the Attachment Index, and the Measure of Social and Intimate Relating. Process issues and qualitative response were explored with open-ended questionnaire items and a telephone survey with a selected sample of 12 respondents. An analysis of the results showed that future financial expectation significantly predicted positive outcome for all outcome variables and was more consistently related to adjustment than all other predictor variables. For all participants, expectation of future financial improvement was predictive of lower anxiety, hostility, depression, loneliness, attachment to the former spouse, and of higher self-esteem and more frequent social and intimate relating. This finding is interpreted as symbolic of a feeling of hope. (The remainder of the document reviews the literature on hope, including definitions of hope, the dynamics of hope, development of capacity to hope, measurement of hope, and its implications for psychotherapy). (BL)

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Hope:
The Major Predictor of Positive Resolution After Marital Loss

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Abstract

Hope was the most frequent predictor of positive outcome in a large empirical study of 410 separated, divorced, and widowed women designed to systematically test previous assumptions about the similarities and differences between bereavement and divorce. Hierarchical set multiple regression analyses were used to test outcome hypotheses and examine predisposing and mediating characteristics. Future financial expectation significantly predicted positive outcome for all outcome variables and was more consistently related to adjustment than all other predictor variables. It is interpreted that financial expectation is symbolic of hope. Review of literature on hope, implications for psychotherapy, and suggestions for future research are discussed.

Hope:

The Major Predictor of Positive Resolution After Marital Loss

This paper focuses on the unexpected finding that hope was the most frequent predictor of positive outcome in a large empirical study of 410 separated, divorced, and widowed women. The larger study was designed to systematically test previous assumptions about the similarities between bereavement and divorce (Aslin,1976; Bonkowski & Wanner-Westly, 1979; Briscoe & Smith, 1975; Carter, 1977; DeFazio & Klenbort, 1975; DeShane & Brown-Wilson, 1981; Fisher, B., 1977; Fisher, E., 1973; Freund, 1974; Hafer, 1981; Herman, 1974; Kalish, 1977; Kitabchi, Murrell, & Crawford, 1979; Kitson, Lopata, Holmes, & Meyering, 1980; Krantzler, 1973; Kraus, 1979; Kressel & Deutsch, 1977; Lambert & Lambert, 1977; Levy & Joffe, 1978; Moss & Moss, 1973; O'Leary, 1977; Pais & White, 1979; Ramsay & Noorbergen, 1981; Rawlings & Carter, 1979; Rose & Price-Bonham, 1973; Salts, 1979; Simos, 1977; Thweatt, 1980; Uroda, 1977; Vaughn, 1979; Waller & Hill, 1951; Weiss, 1976; Wiseman, 1975). Hope had not been studied in previous research literature on adult marital loss and was, therefore, not included directly in this study. However, hope made its own importance apparent.

Predictions of different outcomes were made for widows and for divorcing women (Petiet, 1982), based on the grief model (Abraham, 1924; Freud, 1917) and an extensive review of theoretical and research literature (Averill, 1968; Bowlby, 1960, 1961, 1969, 1973, 1975, 1980; Brown, 1976; Chiriboga, 1979, 1982; Clayton, 1973; Engel, 1961, 1971; Fulton, 1970; Goode, 1956/1965; Hetherington, Cox & Cox, 1979; Hodge, 1972; Hunt & Hunt, 1977; Kitson & Raschke, 1981; Lindemann, 1944; Lopata, 1973, 1979; Maddison & Walker, 1967; Marris, 1958, 1975; Parkes, 1972; Pollock, 1961; Raphael, 1975; Salzberger, 1975; Siggins, 1966; Waller, 1930/1967; Wallerstein & Kelly, 1980; Weiss, 1975). It was assumed that differences in personal meaning and in social significance of the loss predispose widows and divorcees to different specific vulnerabilities during grieving. Clarification of differing potentials for pathological grief reactions was expected to yield important treatment implications for these populations.

Numerous predisposing and mediating characteristics have been empirically related in previous research to positive and negative adjustment in divorce and widowhood (Ball, 1976-1977; Barringer, 1973; Bornstein, Clayton, Halikas, & Robins, 1973; Brown, Perry, & Harburg, 1977; Carey, 1977, 1979-1980; Chiriboga, Coho, Stein, & Roberts, 1979; Chiriboga, Roberts, & Stein, 1978; Chiriboga & Thurnher, 1980; Clayton, Halikas, & Maurice, 1972; Clayton, Halikas, Maurice, & Robins, 1973; Glick, Weiss, & Parkes, 1974; Harvey & Bahr, 1974; Hunt,

1966; Maddison, 1968; Raschke, 1977; Spanier & Casto, 1979; Spivey & Scherman, 1980; Vachon, Formo, Freedman, Lyall, Rogers, & Freeman, 1976). Characteristics previously studied include age, length of time since separation or death, presence of children, anticipatory versus acute grief, income, education, social supports, and concurrent crises. It was decided that these predictors of outcome would need to be included in the present study in order to differentiate which outcomes were truly specific to the type of loss and marital status and not resulting from other life circumstances.

Method

Subjects

Participants in this study were 410 caucasian women who were members of Parents Without Partners, other self-help groups, or friends or acquaintances of participants. All participants were currently separated, divorced, or widowed; had not remarried; had lived with the former spouse at least two years; and had at least one child. These inclusion criteria were chosen so that all participants were married long enough to develop attachment (Brown, Felton, Whiteman, & Manela, 1980), were currently single and therefore had not developed new marital attachments, and had both the stress and support related to having children. Ages of participants ranged from 23 to 76. The average time since the separation or death was five years. See Petiet (1982) for a detailed

description of this sample.

Instruments

Outcome findings were studied quantitatively using the following instruments: Multiple Affect Adjective Checklist, Revised UCLA Loneliness Scale-- Four-Item Version, Coopersmith Self-Esteem Inventory -- Form C, and two measures developed by the researcher -- Attachment Index (coefficient alpha .89) and Measure of Social and Intimate Relating. Process issues and qualitative responses were explored through open-ended questionnaire items and telephone interviews.

Data on predisposing and mediating characteristics was gathered through an extensive background information questionnaire. This questionnaire was designed to elicit information regarding age, race, geographic location, education, occupation, income, marital status, family composition, and availability and perception of adequacy of social supports. In addition, questions were asked on other variables that were expected to influence grief resolution: religious participation, concurrent crises, anticipatory versus acute grief, perception of quality of the former marital relationship, causes and timing of the loss, feelings and behaviors related to the former spouse and self, and participation in psychotherapy. These questions were in the form of either multiple choice or fill-in-the-blank.

Procedure

Questionnaire data was gathered by mail. The response rate was 22.6%. Telephone interviews were conducted with a select sample of 12 volunteer respondents in order to elicit a more detailed retrospective view of the process of resolution following marital loss. Hierarchical set multiple regression analyses were used to test the outcome hypotheses and to examine the effects of predisposing and mediating characteristics.

Results

Expectation of future financial situation was one characteristic that was found to be significantly different between the study groups, $\chi^2(336,72) = 22.25$, $p < .001$. More separated and divorced women expected their financial situations to improve than did widows. There were no significant differences between the study groups with regard to actual current income: 78% of the women had annual incomes of less than $20,000, 18% had annual incomes of $20,000 to $30,000, and only 4% had annual incomes over $30,000. It was considered that the finding regarding financial expectation could be a reflection of age differences between marital status groups. Because of the difference between the marital status groups, financial expectation was included in the multiple regression analyses, as a predisposing/mediating characteristic.

Surprisingly, future financial expectation was the most frequent predictor of positive outcome in this study. It was significant for all of the outcome measures and was more consistently related to positive outcome than all the other predictor variables (e.g. age, time since separation or death, current marital status, occupation, income, employment status, age at first marriage, length of marriage, children age 18 or less in household, children over 18 in household, anticipatory grief, religious participation, therapy participation since loss, current therapy participation). Expectation of future financial improvement was predictive of lower anxiety, hostility, depression, loneliness, attachment to the former spouse, and of higher self-esteem and more frequent social and intimate relating for all participants combined, as shown in Table 1.

Insert Table 1 about here

This was true even when the effects of age were taken into account.

Discussion

The intriguing finding of a consistent relationship between future financial expectation and positive outcome results provides a basis for interpreting that "hope" is an important variable in grief resolution after marital loss. A brief review of the literature on hope, implications for psychotherapy, and suggestions for future research are presented here.

Financial Expectation as Hope

It is interpreted that financial expectation is symbolic of a feeling of hope, of desire and anticipation of future positive change. Although hope, because previously neglected in research on adult marital loss, was not considered or included directly in the design of the present study, it made its importance apparent. Burchell (1978), the only person found to reflect on hope in an extensive review of the literature on divorce and bereavement, has written that suffering is reduced if there is hope that one has the ability to overcome it. This seems related to confidence, feelings of personal power, and efficacy. "Hope" was the most frequent predictor of positive resolution after marital loss.

Review of the Literature on Hope

Literature regarding hope was reviewed in order to ground the findings of the present study and provide a framework for suggesting future research. The literature contains no precise, consistent understanding and formulation of the phenomenon of hope.

Definitions of hope. Hope has been defined as optimism that a favorable outcome is likely to occur (Gottschalk, 1974; Perley, Winget, & Placci, 1971) and the feeling that what is desired is also possible (Obayuwana & Carter, 1982). Green (1977) has written that hope is the felt anticipation of something desired. Boris (1976) has differentiated hope from desire, noting that desire adheres to the pleasure principle and is

focused in the moment whereas hope arises from preconceptions of how things should be, is shaped by encounters with actuality, and occurs both in the moment and in the future.

Hope has been considered as a person's perceived probability of achieving certain goals (Melges & Bowlby, 1969; Stotland, 1969). Frank (1968) defined hope as desire accompanied by expectation.

Burton (1972-1973) has described hope as an ego state in which heightened expectancy overrides the objective possibilities of the moment. Korner (1970) has similarly described hope as an essentially positive coping phenomenon which provides avoidance of despair (see also Smith, 1983). Meissner (1973) has described hope as a resource and a strength by which humans strive for meaningful goals.

Dynamics of components of hope. Extracting from the definitions of hope, common elements emerge: 1. future orientation, 2. optimistic affect, 3. expectant cognition, 4. response to external stress, and 5. resultant motivation.

1. Frank (1968) has eloquently written: "A unique feature of human consciousness is its inclusion of the future. Expectations strongly affect all aspects of human functioning" (p. 383). Without the human capacity for future orientation, hope would not exist.

2. Hope is differentiated from mere expectation or anticipation by its intense affective component (Korner, 1970). Hope is felt as positive, optimistic desire; it

represses and denies doubting and fear. If a goal is felt to be important and hopeful, positive affect pervades; if a goal is felt to be important and hopeless, anxiety and a desire to escape pervade (Stotland, 1969).

3. Cognitively, schemata regarding hope are derived from actual experiences and from communications by important others (Stotland, 1969) which determine expectation, anticipation, and perceived probability of goal attainment. Hope is differentiated from wishing by its reality-oriented focus (Korner, 1970; Meissner, 1973). A rationalizing chain, formed from bits of reality held together by logic and reasoning, may be cognitively developed in order to protect the affective components of hope from being constantly exposed to discrepant realities of living (Korner, 1970).

4. It is external stress which interferes with the normal physiological and psychological equilibrium of an organism and evokes a generalized sympathetic discharge (Obayuwana, 1980). The source of discomfort, or stress, activates the need for hope and change.

5. Motivation is related to the importance of the goal and the expectation of being able to achieve it (Stotland, 1969). Hope activates response (Korner, 1970) and is a prime ingredient of personal motivation (Burton, 1972-1973).

Thus, based on the human organism's future orientation, there is a dynamic relationship between affect, cognition,

and external stress. All three must be considered as interacting components of hope and determine motivation toward activating coping abilities. In psychodynamic terms, hope, an adaptive ego resource, mediates and integrates the demands of the instincts with the demands of external reality (Meissner, 1973).

Development of the capacity to hope. The development of a capacity to hope begins with life and is first founded on trust and mutuality of responsiveness physiologically between the infant and mother (Bowlby, 1969, 1973, 1980; Erikson, 1959; Green, 1977; Meissner, 1973). Trust is developed through secure confidence in the needed and vital other. Hope implies the capacity to extend t-ust beyond this initial primary relationship, based on the foundation of having had security in an available attachment figure.

Hope is an internal resource which arises out of successful mastery of developmental tasks along the process of separation and individuation. At each stage of development, we must relinquish achievements with their attendant gratifications in order to be able to reach out for the anticipated possibilities of greater development and adaptive integration. Therefore, we must renounce prior dependencies and attachments in order to commit ourselves to future possibilities. "Hope is thus the ego's capacity to imagine and retain a sense of future real possibility in the face of infantile fears of loss and abandonment" (Meissner,

1973, p.28). Inner sustainment is based on the development of object constancy and self-esteem; these provide the intrapsychic foundations of hope.

The capacity to hope is a developmental achievement which becomes a resource for further adaptation and growth (Meissner, 1973). The early experiences of attachments and separations seem to be the precursors for experiences of anticipation, hope, and despair in human relationships throughout life (Green, 1977).

Measurement of hope. Three scales have been developed to measure hope and one scale to measure hopelessness. All of these scales have adequate preliminary reliability and validity findings and preliminary normative samples. None of the develcpers of the various hope scales indicated awareness of one another's work in this area.

Gottschalk (1974) has developed a Hope Scale which measures the magnitude of immediate hopefulness. This scale consists of a content analysis of verbal behavior based on five minutes of speech about any interesting or dramatic experience. Instructions are standardized and purposely ambiguous. Weighted coding and scoring is done on seven content categories that consider positive and negative aspects of support, confidence, optimism, and good fortune. The hope scores have predicted favorable outcome among patients likely to follow treatment recommendations and among

patients with mental health crises, terminal cancer, and depression.

Erickson, Post, and Paige (1975) developed a Hope Scale consisting of a list of 20 future goals which measures both the perceived importance and the perceived probability of attaining desirable goals. This self-report instrument was based on Stotland's (1969) theoretical construct of hopefulness. Hypotheses derived from Stotland's theory have been supported in the preliminary data: 1. psychopathology is associated with lower estimates of goal attainment, 2. more anxiety is experienced with high goal importance and low perceived probability of goal attainment, 3. effective treatment increases the perceived probability of goal attainment.

Obayuwana, Collins, Carter, Rao, Mathura, and Wilson (1982) have developed the Hope Index Scale (HIS) consisting of 50 yes-no items that assess cognitive, affective, or motor components of 1. ego strength, 2. human support, 3.spiritual awareness, 4. learning, and 5. economic assets, and 10 social desirability items. The five determinants of hope were derived from 500 randomly picked telephone interviews, Engel's (1968) five characteristics in the loss of hope, and Kubler-Ross' (1969) five stages in the fight for hope. HIS scores have been independent of age, race, or sex.

Beck, Weissman, Lester, and Trexler (1974) have developed a 20-item true-false Hopelessness Scale which quantifies

hopelessness by measuring negative expectations about the future. Factors that have been extracted from this scale are pessimistic feelings and expectations, and loss of motivation. The scale has been highly correlated with clinical ratings of hopelessness.

Implications for Psychotherapy

Implications for psychotherapy are based on the review of literature and interpretation of results from the present study. Because "hope" was the major predictor of positive resolution after marital loss, it is of paramount importance to activate and support hopefulness when doing psychotherapy with separated, divorced, and bereaved persons. The capacity to hope is developed out of early experiences of attachments and separations, and a major disruption in attachment such as loss of a marital partner is bound to carry with it a revitalization of any traumatic experiences that undermined hope in the past.

Hutt (1976) and Frank (1968) have written that the elicitation of hope is a basic task of psychotherapy (see also Yalom, 1975). Indeed, hope is a positive ingredient of all healing processes; hope that change is possible must precede change (Burton, 1972-1973; Obayuwana, 1980). Hope is a major nonspecific variable that is more basic than specific techniques or interventions in the various schools of psychotherapy (Mendel, 1968).

Hope is in some degree learned through experience. Though the foundation for hope is ideally laid in early trusting relatedness, hope may be fostered later by a trusting dependence on another human being. Psychotherapy rests on the basis of a real, trusting relationship between the therapist and patient, what has been termed the therapeutic alliance.

The nonverbal transmission of expectation is a powerful component of psychotherapy. Therapists are able to indirectly transmit the conviction that change can occur, that the patient can feel better. This process is facilitated when the therapist fantasizes a well patient in the future and is made easier by having formerly had patients who had similar and successful struggles. Of course, it is important to curb boundless enthusiasm, to be realistic as well as hopeful, to not have specific expectations that could bind and hinder a patient's own process. In fact, expectations concerning the process of therapy or choices in life are best left alone whereas expectations for the capacity to be free and make choices can be profoundly influential and deeply healing.

It is important early in the therapy to explore and consider with the patient his or her expectations of the therapy relationship and expectations of therapy (Bader, 1968). This provides an atmosphere of mutual activity, confidence, and a foundation for evaluating change.

Hutt (1976) has suggested that initial interventions in

psychotherapy should contain elements of assurance, relief, and hope that the patient has done the right thing to come to a therapist who can and will help. The therapist must inspire liking, trust, and confidence; and this can be fostered through strategic self-presentation initially in treatment. Elicitation of powerful expectancies provides a matrix for decreased efforts at reality testing so the patient can then focus on experiences and relationships which contain painful and previously precluded material. Over the course of therapy, elicitation of hope by the therapist can become more subtle by reinforcing suggestions and directives made by the patient as indications of improvement (Hutt, 1976).

Specifics of a hope-inspiring initial self-presentation might include a relaxed and thorough interview, an understanding and caring attitude, verbally and nonverbally reinforcing hopes and desires expressed by the patient within a realistic framework, offering reasonable and practical suggestions such as instructions on how to allow and support initial intense grieving, providing appropriate referrals, and communicating a sincere willingness to help (Obayuwana, 1980).

There is a need to review and reorganize the past before considering the present and future. Specific origins of hopelessness that might be considered during the course of

treatment include developmental history, family structure, interpersonal relationships, work and income (Dubree & Vogelpohl, 1980). Hope must first be formed intrapsychically before it can be projected outward to social realities (Meissner,1973).

Social bonds and self-help groups have been associated with lower distress and may help to generate hope (de Figueiredo & Frank, 1982). It is important to encourage support systems that contain role models of people who have survived similar experiences. For example, ascertain whether the patient's environment contains people who have been divorced or widowed and consider referral to self-help groups and to group therapy.

It is important to emphasize strengths and positive, realistic alternatives and goals. For instance, if there are no dependent children in the home, some substitute person or activity may help to provide meaning. Movement should be from simple to more complex goals. Initially, goals are best when kept small, limited, and therefore attainable. In fact, one principle aim of psychotherapy is to help patients recognize some of the archaic and unreachable goals toward which they may be still striving (Melges & Bowlby, 1969). The strength of hope lies in a developed capacity to set and acknowledge one's real power and limits, one's capacities and incapacities (Meissner, 1973).

In summary, hope is fostered through relationship: by painting a realistic picture of the intensity and duration

of the process, by allowing normal pain, by learning to value the individuating potential of coming to terms with the opposites in oneself and in life, by holding on to positive and realistic aspects that lie in the future, and by developing social support systems. Hope permits desired future gratification to serve as an immediate relief for current discomfort (Korner, 1970). The final result is increased capacity to maintain hope in the face of adversity due to increased self-knowing and self-confidence, increased internal resources, and increased ability to restructure environmental pressures (Orne, 1968).

We are reminded here of the myth of Prometheus, Epimetheus, and Pandora (Bulfinch, 1855). After Pandora opened the box from which all manner of evil emerged, only one thing remained -- hope. The container of psychotherapy allows for the emergence of all our deep, personal struggles and evils. The ending of a marriage beckons forth a struggle with our darker emotions. Hope can endure and is fortified by the processes of grief and psychotherapy.

Conclusions and Suggestions for Future Research

Hope is found to be of fundamental importance to life. Under critical conditions of survival, giving up hope leads to death whereas maintenance of hope prolongs life against all odds (Engel, 1968; Korner, 1970). This phenomenon has been seen with physical illnesses, depressed persons, prisoners of war,

concentration camp victims, and mountain climbers.

It is therefore shocking that psychologists, particularly those with humanistic and clinical concerns, have not studied hope. The vast majority of literature on hope has been written by physicians (e.g. Frank, 1968; French, 1964; Meissner, 1973; Menninger, 1959; Obayuwana, 1980) and by nurses. Even two of the hope scales were devised by physicians. In fact, Stotland (1969) has been the only psychologist to focus extended effort aimed toward understanding hope. Stotland's work, though useful in grounding hope as a respectable construct in scientific psychology, was lacking in providing a human-oriented, meaning-oriented framework for studying hope.

The psychology of hope needs to be developed and brought back into the psychotherapeutic context. Hope has too long been discarded as religion or theology and not a part of science (Burton, 1972-1973). It is not surprising that the most detailed exploration of the psychology of hope has been presented by a psychiatrist and theologian who noted that we only have scattered observations and beginnings of understanding on hope; we do not have a body of established facts and formulations on which to build (Meissner, 1973). This observation has been confirmed by the disjointed writings on hope found while reviewing the available literature.

In the present study, hope was not directly measured due to

the continued syndrome of a psychological investigation not even considering so seemingly ethereal a construct. Even so, an apparent derivative of hope, future financial expectation, was more consistently related to positive adjustment after marital loss than all other predictor variables -- a completely unanticipated finding.

It is recommended that hope be directly studied as it relates to loss and to psychotherapy outcome. In particular, research on hope as it relates to the grieving process and grief outcome is needed. The components of hope could be more fully examined through phenomenological studies. The state and trait of hopefulness could be explored by using, comparing, and contrasting the measures of hope that have already been developed. Factor analysis of the items on these instruments, given concurrently to large samples, might further clarify the major elements of hope. We need to study the vicissitudes and predictors of hope in order to formulate a coherent theory with humanistic perspective.

References

Abraham, K. A short study of the development of the libido; viewed in the light of mental disorders (1924). In *Selected papers on psycho-analysis.* London: Hogarth, 1949.

Aslin, A. L. Counseling "single-again" (divorced and widowed) women. *Counseling Psychologist*, 1976, 6(2), 37-41.

Averill, J. Grief: Its nature and significance. *Psychological Bulletin*, 1968, *70*, 721-748.

Bader, L. The therapeutic value of realistic hope. *International Journal of Psychiatry*, 1968, 6(5),385-386.

Ball, J. F. Widow's grief: The impact of age and mode of death. *Omega: Journal of Death and Dying*, 1976-1977, *7*(4), 307-333.

Barringer, K. *Self perception of the quality of adjustment of single parents in divorce participating in parents without partners organizations.* Unpublished doctoral dissertation, University of Iowa, 1973.

Beck, A. T., Weissman, A., Lester, D., & Trexler, L. The measurement of pessimism: The hopelessness scale. *Journal of Consulting and Clinical Psychology*, 1974, *42*(6), 861-865.

Bonkowski, S. E., & Wanner-Westly, B. The divorce group: A new treatment modality. *Social Casework*, 1979, 60(9), 552-557.

Boris, H. N. On hope: Its nature and psychotherapy. *International Review of Psycho-Analysis*, 1976, *3*(2), 139-150.

Bornstein, P. E., Clayton, P. J., Halikas, W. L. M., & Robins, E. The depression of widowhood after thirteen months. *The British Journal of Psychiatry*, 1973, *122*, 561-566.

Bowlby, J. Separation anxiety. *International Journal of Psycho-Analysis*, 1960, *41*, 89-113.

Bowlby, J. Processes of mourning. *International Journal of Psychoanalysis*, 1961, *42*, 317-340.

Bowlby, J. *Attachment and loss; Vol. 1: Attachment.* New York: Basic Books, 1969.

Bowlby, J. *Attachment and loss; Vol. 2: Separation.* New York: Basic Books, 1973.

Bowlby, J. Attachment theory, separation anxiety and mourning. In S. Arieti (Ed.), *American handbook of psychiatry* (2nd ed., Vol. 6). New York: Basic Books, 1975.

Bowlby, J. *Attachment and loss; Vol. 3: Loss.* New York: Basic Books, 1980.

Briscoe, C. W., & Smith, J. B. Depression in bereavement and divorce: Relationship to primary depressive illness: A study of 128 subjects. *Archives of General Psychiatry*, 1975, *32*(4), 439-443.

Brody, H. Hope. *Journal of the American Medical Association*, 1981, *246*(13), 1411-1412.

Brown, P. *Psychological distress and personal growth among women coping with marital dissolution.* Unpublished doctoral dissertation, University of Michigan, 1976.

Brown, P., Felton, B. J., Whiteman, V., & Manela, R. Attachment and distress following marital separation. *Journal of Divorce*, 1980, *3*(4), 303-317.

Brown, P., Perry, L., & Harburg, E. Sex role attitudes and psychological outcomes for black and white women experiencing marital dissolution. *Journal of Marriage and the Family*, 1977, *39*(3), 549-561.

Bulfinch, T. The age of fable. *Bulfinch's mythology*. New York: Random House, 1855.

Burchell, R. C. Counseling the formerly married. *Clinical Obstetrics and Gynecology*, 1978, *21*(1), 259-267.

Burton, A. Hope and schizophrenia. *Psychoanalytic Review*, 1972-1973, *59*(4), 609-616.

Carey, R. G. The widowed: A year later. *Journal of Counseling Psychology*, 1977, *24*(2), 125-13'.

Carey, R. G. Weathering widowhood: Problems and adjustment of the widowed during the first year. *Omega: Journal of Death and Dying*, 1979-1980, *10*(2), 163-174.

Carter, D. K. Counseling divorced women. *Personnel and Guidance Journal*, 1977, *55*(9), 537-541.

Chiriboga, D. A. Marital separation and stress. *Alternative Lifestyles*, 1979, *2*(4), 461-470.

Chiriboga, D. A. Adaptation to marital separation in later and earlier life. *Journal of Gerontology*, 1982, *37*(1), 109-114.

Chiriboga, D. A., Coho, A., Stein, J. A., & Roberts, J. Divorce, stress and social supports: A study in helpseeking behavior. *Journal of Divorce*, 1979, *3*(2), 121-135.

Chiriboga, D. A., Roberts, J., & Stein, J. A. Psychological well-being during marital separation. *Journal of Divorce*, 1978, *2*(1), 21-36.

Chiriboga, D. A., & Thurnher, M. Marital lifestyles and adjustment to separation. *Journal of Divorce*, 1980, *3*(4), 379-390.

Clayton, P. J. The clinical morbidity of the first year of bereavement: A review. *Comprehensive Psychiatry*, 1973, *14*(2), 151-157.

Clayton, P. J., Halikas, J. A., & Maurice, W. L. The depression of widowhood. *British Journal of Psychiatry*, 1972, *120*(1), 71-77.

Clayton, P. J., Halikas, J. A., Maurice, W. L., & Robins, E. Anticipatory grief and widowhood. *British Journal of Psychiatry*, 1973, *122*(1), 47-51.

DeFazio, V. J., & Klenbort, I. A note on the dynamics of psychotherapy during marital dissolution. *Psychotherapy: Theory, Research, and Practice*, 1975, *12*(1), 101-104.

de Figueiredo, J. M., and Frank, J. D. Subjective incompetence, the clinical hallmark of demoralization. *Comprehensive Psychiatry*, 1982, *23*, 353-363.

DeShane, M. R., & Brown-Wilson, K. Divorce in late life: A call for research. *Journal of Divorce*, 1981, *4*(4), 81-91.

Dubree, M., & Vogelpohl, R. When hope dies - so might the patient. *American Journal of Nursing*, 1980, *80*(11), 2046-2049.

Engel, G. L. Is grief a disease? *Psychosomatic Medicine*, 1961, *23*, 18-22.

Engel, G. L. A life setting conducive to illness: The giving-up-given-up complex. *Annals of Internal Medicine*, 1968, 69, 293-300.

Engel, G. L. Attachment behavior, object relations, and the dynamic-economic point of view: Critical review of Bowlby's *Attachment and loss. International Journal of Psycho-Analysis*, 1971, 52, 183-196.

Erickson, R. C., Post, R. D., & Paige, A. B. Hope as a psychiatric variable. *Journal of Clinical Psychology*, 1975, *31*(2), 324-330.

Erikson E. H. *Identity and the life cycle.* New York: International Universities Press, 1959.

Fisher, B. F. Rebuilding blocks in the divorce process. *Journal of Extension*, 1977, *15*, 43-46.

Fisher, E. O. A guide to divorce counseling. *Family Coordinator*, 1973, 22(1), 55-61.

Frank, J. The role of hope in psychotherapy. *International Journal of Psychiatry*, 1968, 5(5), 383-395.

French, T. M. Hope and repudiation of hope in psycho-analytic therapy. *International Journal of Psychoanalysis*, 1964, *44*, 304-316.

Freud, S. Mourning and melancholia (1917). In *Complete Works of Sigmund Freud* (Vol. 14, Standard ed.). London: Hogarth Press, 1953, 124-140.

Freund, J. Divorce and grief. *Journal of Family Counseling*, 1974, *2*(2), 40-43.

Fulton, R. Death, grief and social recuperation. *Omega*, 1970, *1*(1), 23-28.

Glick, I. D., Weiss, R. S., & Parkes, C. M. *The first year of bereavement.* New York: John Wiley & Sons, 1974.

Goode, W. J. *Women in divorce.* New York: The Free Press, 1956. (Also published as *After Divorce.* New York: The Free Press, 1965.)

Gottschalk, L. A. A hope scale applicable to verbal samples. *Archives of General Psychiatry*, 1974, *30*(6), 779-785.

Green, M. R. Anticipation, hope, and despair. *Journal of the American Academy of Psychoanalysis*, 1977, *5*(2), 215-232.

Hafer, W. K. *Coping with bereavement from death or divorce.* Englewood Cliffs, N. J.: Prentice-Hall, 1981.

Harvey, C. D., & Bahr, H. M. Widowhood morale and affiliation. *Journal of Marriage and the Family*, 1974, *36*(1), 97-106.

Herman, S. J. Divorce: A grief process. *Perspectives in Psychiatric Care*, 1974, *12*(3), 108-112.

Hetherington, E. M., Cox, M., & Cox, R. Stress and coping in divorce: A focus on women. In J. Gullahorn (Ed.), *Psychology and women: In transition.* Washington, D.C.: V. H. Winstons & Sons, 1979.

Hodge, J. R. They that mourn. *Journal of Religion and Health*, 1972, *11*(3), 229-240.

Hunt, M. M. *The world of the formerly married.* New York: McGraw-Hill, 1966.

Hunt, M., & Hunt, B. *The divorce experience.* New York: McGraw-Hill, 1977.

Hutt, L. Interpretation and hope. *Psychotherapy: Theory, Research, and Practice.*, 1976, *13*(3), 259-262.

Kalish, R. A. Survivors of loss... *The Single Parent* (Journal of Parents Without Partners, Inc.), 1977, *20*(1), 10-12; 35.

Kitabchi, G., Murrell, P. H., & Crawford, R. L. Career/life planning for divorced women: An overview. *Vocational Guidance Quarterly*, 1979, *28*(2), 137-145.

Kitson, G. C., Lopata, H. Z., Holmes, W. M., & Meyering, S. M. Divorcees and widows: Similarities and differences. *American Journal of Orthopsychiatry*, 1980, *50*(2), 291-301.

Kitson, G. C., & Raschke, H. J. Divorce research: What we know; what we need to know. *Journal of Divorce*, 1981, *4*(3), 1-37.

Korner, I. N. Hope as a method of coping. *Journal of Consulting and Clinical Psychology*, 1970, *34*(2), 134-139.

Krantzler, M. *Creative divorce: A new opportunity for personal growth.* New York: M. Evans, 1973.

Kraus, S. The crisis of divorce: Growth promoting or pathogenic? *Journal of Divorce*, 1979, *3*(2), 107-119.

Kressel, K., & Deutsch, M. Divorce therapy: An in-depth survey of therapists' views. *Family Process*, 1977, *16*(4), 413-443.

Kubler-Ross, E. *On death and dying.* New York: MacMillan, 1969.

Lambert, C. E., & Lambert, V. A. Divorce, a psychodynamic development involving grief. *Journal of Psychiatric Nursing*, 1977, *15*(1), 37-42.

Laney, M. L. Hope as a healer. *Nursing Outlook*, 1969, *17*(1), 45-46.

Levy, T. M., & Joffe, W. Counseling couples through separation: A developmental approach. *Family Therapy*, 1978, *5*(3), 267-276.

Lindemann, E. Symptomatology and management of acute grief. *American Journal of Psychiatry*, 1944, *101*, 141-148.

Lopata, H. Z. *Widowhood in an American city.* Cambridge, MA.: Schenkman, 1973.

Lopata, H. Z. *Women as widows.* New York: Elseiver North Holland, 1979.

Maddison, D. The relevance of conjugal bereavement for preventive psychiatry. *British Journal of Medical Psychology* , 1968, *41*, 223-233.

Maddison, D., & Walker, W. L. Factors affecting the outcome of conjugal bereavement. *British Journal of Psychiatry*, 1967, *113*, 1057-1067.

Marris, P. *Widows and their families.* London: Routledge and Kegan Paul, 1958.

Marris, P. *Loss and change*. Garden City, New York: Anchor Books, 1975.

Meissner, W. W. Notes on the psychology of hope. *Journal of Religion and Health*, 1973, *12*(1), 7-29 and *12*(2), 120-139.

Melges, F. T., & Bowlby, J. Types of hopelessness in psychopathological processes. *Archives of General Psychiatry*, 1969, *20*(6), 690-699.

Mendel, W. M. The non-specifics of psychotherapy. *International Journal of Psychiatry*, 1968, *5*(5), 400-402.

Menninger, K. Hope. *American Journal of Psychiatry*, 1959, *116*, 481.

Minkoff, K., Bergman, E., Beck, A. T., & Beck, R. Hopelessness, depression and attempted suicide. *American Journal of Psychiatry*, 1973, *130*, 455-459.

Moss, S. Z., & Moss, M. S. Separation as a death experience. *Child Psychiatry and Human Development*, 1973, 3(3), 187-194.

Obayuwana, A. O. Hope: A panacea unrecognized. *Journal of the National Medical Association*, 1980, 72(1), 67-69.

Obayuwana, A. O., & Carter, A. L. The anatomy of hope. *Journal of the National Medical Association*, 1982, 74(3), 229-234.

Obayuwana, A. O., Collins, J. L., Carter, A. L., Rao, M. S., Mathura, C. C., & Wilson, S. B. Hope index scale: An instrument for the objective assessment of hope. *Journal of the National Medical Association*, 1982, 74(8), 761-765.

O'Leary, V. E. *Toward understanding women*. Monterey, California: Brooks/Cole, 1977.

Orne, M. T. On the nature of effective hope. *International Journal of Psychiatry*, 1968, 5(5), 403-410.

Pais, J., & White, P. Family redefinition: A review of the literature toward a model of divorce adjustment. *Journal of Divorce*, 1979, 2(3), 271-281.

Parkes, C. M. *Bereavement: Studies of grief in adult life*. New York: International Universities Press, 1972.

Perley, J., Winget, C., & Placci, C. Hope and discomfort as factors influencing treatment continuance. *Comprehensive Psychiatry*, 1971, *12*(6), 557-563.

Petiet, C. A. *Grief in divorcees and widows: Similarities, differences, and treatment implications.* Unpublished doctoral dissertation, California School of Professional Psychology, Berkeley, California, 1982.

Pollock, G. H. Mourning and adaptation. *International Journal of Psychoanalysis*, 1961, *42*, 341-361.

Ramsay, R. W., & Noorbergen, R. *Living with loss: A dramatic new breakthrough in grief therapy.* New York: William Morrow, 1981.

Raphael, B. The management of pathological grief. *Australian and New Zealand Journal of Psychiatry*, 1975, *9*(3), 173-180.

Raschke, H. J. The role of social participation in postseparation and postdivorce adjustment. *Journal of Divorce*, 1977, *1*(2), 129-140.

Rawlings, E. I., & Carter, D. K. Divorced women. *Counseling Psychologist*, 1979, *8*(1), 27-28.

Rose V. L., & Price-Bonham, S. Divorce adjustment: A woman's problem. *Family Coordinator*, 1973, *22*(3),291-297.

Salts, C. Divorce process: Integration of theory. *Journal of Divorce*, 1979, *2*(3), 233-240.

Salzberger, R. C. Death: Beliefs, activities and reactions of the bereaved: Some psychological and anthropological observations. *Human Context*, 1975, *7*(1), 103-116.

Siggins, L. D. Mourning: A critical survey of the literature. *International Journal of Psychoanalysis*, 1966, *47*, 14-25.

Simos, B. G. Grief therapy to facilitate healthy restitution. *Social Casework*, 1977, *58*(6), 337-342.

Smith, M. B. Hope and despair: Keys to the socio-psychodynamics of youth. *American Journal of Orthopsychiatry*, 1983, *53* (3), 388-399.

Spanier, G. B., & Casto, R. F. Adjustment to separation and divorce: An analysis of 50 case studies. *Journal of Divorce*, 1979, *2*(3), 241-253.

Spivey, P., & Scherman, A. The effects of time lapse on personality characteristics and stress on divorced women. *Journal of Divorce*, 1980, *4*(1), 49-59.

Stotland, E. *The psychology of hope*. San Francisco: Jossey-Bass, 1969.

Thweatt, R. W. Divorce: Crisis intervention guided by attachment theory. *American Journal of Psychotherapy*, 1980, *34*(2), 240-245.

Uroda, S. F. Counseling the bereaved. *Counseling and Values*, 1977, *21*(3), 185-191.

Vachon, M. L. S., Formo, A., Freedman, K., Lyall, W. A. L., Rogers, J., & Freeman, S. J. J. Stress reactions to bereavement. *Essence*, 1976, *1*(1), 23-33.

Vaillot, M. C. Living and dying. Hope: The restoration of being. *American Journal of Nursing*, 1970, *70*(2), 268, 270-273.

Vaughn, D. Uncoupling: The process of moving from one lifestyle to another. *Alternative Lifestyles*, 1979, *2*(4), 415-442.

Waller, W. *The old love and the new: Divorce and readjustment*. London: Feffer & Simons, 1930/1967.

Waller, W., & Hill, R. *The family: A dynamic interpretation* (Rev. ed.). New York: Dryden Press, 1951.

Wallerstein, J., & Kelly, J. *Surviving the breakup: How parents and children cope with divorce.* New York: Basic Books, 1980.

Weiss, R. S. *Marital separation.* New York: Basic Books, 1975.

Weiss, R. S. The emotional impact of marital separation. *Journal of Social Issues*, 1976, *32*,135-145.

Wiseman, R. S. Crisis theory and the process of divorce. *Social casework*, 1975, *56*(4), 205-212.

Yalom, I. D. *The theory and practice of group psychotherapy* (2nd ed.). New York: Basic Books, 1975.

Table 1

Hierarchical Set Multiple Regression Analysis
Beta at Entry for Future Financial Expectation ("FFE") and
Predisposing/Mediating Characteristics Set R^2 Change
on Outcome Variables for All Participants

Outcome Variable	Beta at Entry for "FFE"	Predisposing/ Mediating Set R^2 Change
Anxiety	-.13*	.19***
Hostility	-.18*	.16***
Depression	-.23***	.20***
Self-Esteem	.17**	.08*
Social/Intimate Relating	.19***	.08**
Loneliness	-.22***	.09**
Attachment	-.16**	.22***

* $p < .05$.

** $p < .01$.

*** $p < .001$.